

**REQUEST FOR DATA RELEASE FORM
(RESEARCH ORIENTED DATA SETS)
HEALTH DATA COMMITTEE
UTAH DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE STATISTICS**

Please respond to the following and where necessary attach additional pages.

Requester:

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

1. What is the purpose for which the data are to be used? _____

2. The data are to include what time period?

Starting Date: ____/____/____ and Ending Date: ____/____/____

(For example discharge data for 1997 would show a starting date of 1/1/97 and ending date 12/31/97).

3. What is the time period for which you will need access to the data?

Starting Date: ____/____/____ Ending Date: ____/____/____

4. Describe why the publicly available data cannot be used. _____

5. Cite any legal authority for obtaining the non-public data. _____

6. List all the data elements needed to accomplish the purpose. (Include a desired format for output) _____

**For Staff Use Only-
Confidential data elements requested**

7. How will your use of the data benefit the public's knowledge about health care cost, quality, access or prevention? _____

8. State your qualifications to conduct and complete the proposed research. _____

9. If you are granted access to the data requested, do you agree to return the original file copy and destroy all copies made from it after the period stated in #3. ___YES ___NO

10. Will the proposed use of Research Oriented Data Sets be subject to any institutional review board (IRB) ensuring that individual privacy will not be breached. ___YES ___NO

11. Do you have in place adequate safeguards to protect the data from misuse? ___YES ___NO
Attach a copy of your safeguard procedures.

12. Statement of Data use:

In consideration of any data received from the Health Data Committee, I agree and promise that no attempt will be made by me or any individual(s) under my supervision to use the data for any purpose not specified in my data request.

In consideration of any data received, I agree and promise;

a. that only those persons named will have access to private or confidential data elements to accomplish the stated task. Name(s)

b. that confidential or private data will not be released or disclosed to any persons or entity or published in any manner whatsoever, which could lead to the identification of a patient, physician or hospital without the expressed consent of the Health Data Committee.

c. that all published forms of the data will acknowledge the Health Data Committee, and will be submitted to the Health Data Committee before publication for review.

Date ____/____/____ Name_____

Signature

Mail to: Utah Department of Health
Office of Health Care Statistics
288 North 1460 West
Salt Lake City, UT 84116
(801) 538-7048